Provincial

HEALTH

Workforce Steering Committee

Health Workforce Planning in Alberta: Optimizing Health Workforce Resources to Support Health System Performance

September, 1999

Alberta
HEALTH AND WELLNESS

PROVINCIAL HEALTH WORKFORCE STEERING COMMITTEE MEMBERSHIP

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Darryl Currie	WestView Regional Health Authority
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Mike Wevers	Alberta Health and Wellness
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Russell Sawchuk	Steppingstones Partnership, Inc. (Working Group Chair)
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1.0 Introduction

The document **A Framework for Managing Provincial Health Workforce Planning in Alberta**[1] introduced a provincial framework to create an integrated, service-sector driven health workforce planning and management approach in Alberta. Subsequently, the **Health Workforce Strategic Plan for Alberta**[2] operationalized the processes proposed in the **Framework,** and developed strategies to address identified objectives, through a new Provincial Health Workforce Steering Committee. Our Terms of Reference is provided in Appendix 1.

The creation of an annual provincial health workforce planning process, and accountability framework to identify health workforce stakeholders and associated roles and functions, are fundamental and initial activities of the Provincial Health Workforce Steering Committee. Integrated and regular management of health workforce planning, means trends and issues are addressed before undesirable consequences impact the health system. In the future for example, collective bargaining strategies can be based on policy reflecting priorities and desired outcomes, and educators will have the information necessary to ensure adequate numbers of graduates are available with appropriate skill-sets.

2.0 Purpose

The purpose of this paper is to present and communicate the work we have embarked on over the last year, to optimize health workforce resources through the strategic management of collaborative planning practices and activities.

An accountability framework for provincial health workforce management activities has been developed to identify the primary provincial health workforce stakeholders, their respective roles, relationships, functions and processes, and associated mechanisms for ensuring accountability. In terms of future planning activities, an annual provincial health workforce planning process has been constructed and requirements for annual Health Authority and Provincial Health Workforce Steering Committee annual plans and reports are outlined.

Structured, annual health workforce planning is not only new to Alberta, but does not exist in any other North American jurisdiction that we are aware of. The process and approach we are introducing is a first step. We recognize modifications, enhancements and changes will be required to continually improve the quality and usefulness of our model.

[1] A Framework For Managing Provincial Health Workforce Planning in Alberta , February, 1998, Alberta Health.
[2] A Health Workforce Strategic Plan for Alberta, September, 1998, Alberta Health.

3.0 Health Workforce Accountability Framework

Health system restructuring fundamentally changed the health system. Alberta Health developed and published an accountability document[3] to describe the structure of our new health system and the responsibilities and accountability relationships of those operating within the health system. The document notes *"there is further work to be done in clarifying the roles, responsibilities, and reporting relationships of service providers and professional organizations. In 1998, the Auditor General's report[4] also noted "a framework (policy, responsibilities, standard, strategies, monitoring and reporting) is needed for managing human resources as an integral part of achieving business goals and strategies. The Department of Health and Health Authorities lack the information necessary for managing the health workforce which operates at a cost of about $2.4 billion."*

The development of a health workforce accountability framework is an important first step in undertaking collaborative and ongoing planning, to achieve recognized goals and objectives in the health workforce area.

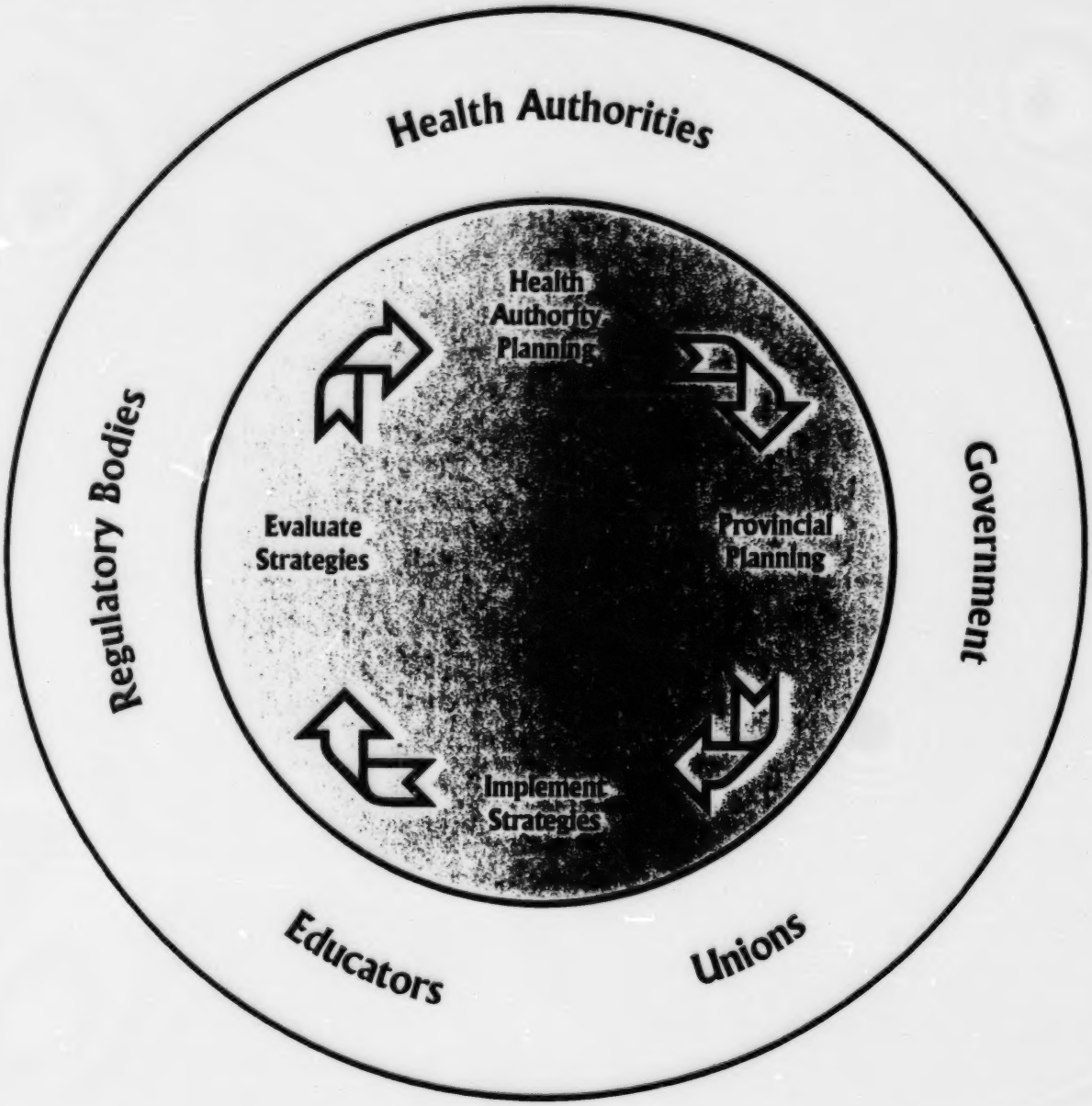
The purpose of developing a provincial health workforce accountability framework is to identify the various stakeholders and their responsibilities, who they are accountable to, the functions and processes used to carry out the responsibilities, and the means used to determine if the required results have been achieved. The proposed accountability framework is provided in Appendix 2.

Formal and informal relationships exist amongst stakeholders to ensure workforce utilization supports quality health service delivery. **The key to achieving "accountability" and desired results, is ensuring all stakeholders understand and acknowledge their roles and responsibilities.** There must also be mechanisms for designing and redesigning processes and strategies to ensure results are favorably achieved. This framework is illustrated Figure A. The annual planning process recommended in this report outlines the activities to take place on an annual basis, to identify needs and priority issues and develop corresponding action plans. The roles and functions of stakeholders within the planning process are captured in the accountability framework.

[3] Achieving Accountability in Alberta's Health System, November, 1998, Alberta Health.
[4] 1997-1998 Annual Report of the Auditor General to the Legislative Assembly.

PROVINCIAL HEALTH WORKFORCE ACCOUNTABILITY FRAMEWORK

Figure - A



4.0 Health Workforce Planning

Formalized workforce planning is relatively new, and is evolving to a more distinctive and structured approach. Human resource practices historically viewed as a reactive "employment service", are now increasingly being viewed as a major factor in determining organizational performance. A wide range of interdisciplinary workforce planning techniques are being integrated into corporate and strategic planning processes.
Although there is considerable variety in the models utilized for health workforce planning, organizations usually include the following steps:

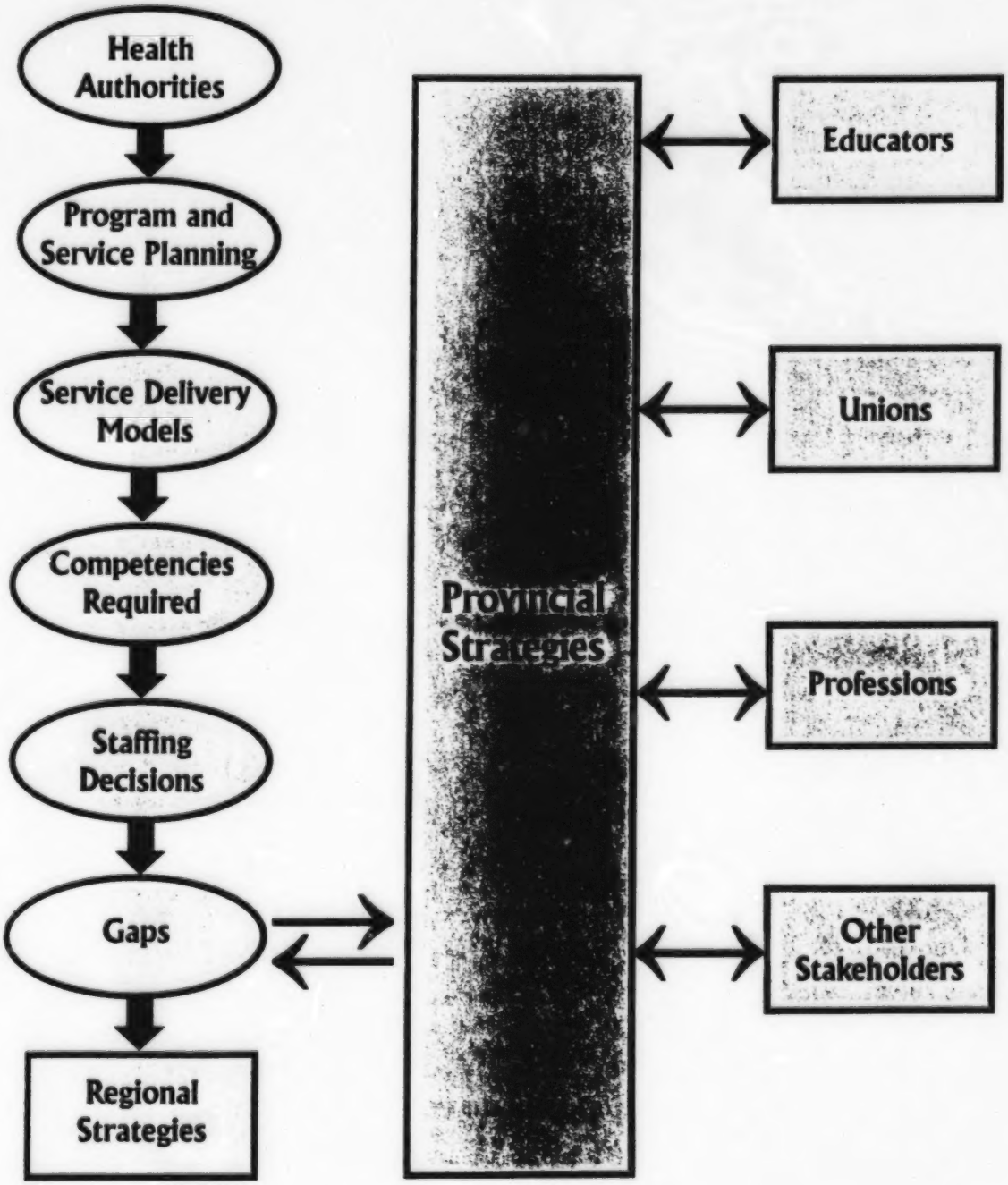
- environmental analysis;
- identifying service needs;
- forecasting human resource requirements by identifying skill-sets required, and the number of individuals with the appropriate skill-sets (demand);
- determining the availability of human resources to meet system needs (supply);
- identifying the imbalance between supply and demand (gaps);
- identifying priority issues which are barriers to achieving the appropriate health workforce utilization;
- developing strategies and action plans to resolve gaps and issues; and
- monitoring and evaluating results.

Within the provincial context, the purpose of health workforce planning is to achieve the optimal number, mix and distribution of health service personnel, at a cost the health system can afford, based on service delivery needs. Health system requirements for health workers are translated into human resource strategies, providing the context for operationalizing human resource planning within Health Authorities (micro-level), and also for collaboration amongst health workforce stakeholders on provincial level strategies (macro-level). These strategies are implemented in collaboration with all appropriate stakeholders. Increasingly, health workers are being viewed as a national resource and therefore, more collaboration is also taking place at a national level. Service-sector or employer needs must also be communicated to educators to ensure an adequate supply of health service providers possessing the necessary competencies and practical experience to enter the workforce. This process is outlined in Figure B.

All planning activities, strategies and initiatives should result in a balance between supply and demand, and in the cost-effective utilization of health providers, based on consideration of the full extent of the skills and education of individual workers.

HEALTH AUTHORITY AND PROVINCIAL HEALTH WORKFORCE PLANNING

Figure - B



Initially the planning model will be based on service-sector or demand-side data, with consideration of supply data from educators. As the proposed approach is more fully implemented, in addition to employer personnel counts and forecasts, data from educators and regulatory bodies will be available in a comparable format as part of a provincial health workforce information system. Therefore, quantitative planning approaches and modeling will be an option.

Recognizing it will be some time before a provincial health workforce information system exists, and there are limited resources available to undertake the proposed planning process and resulting strategies, a three year phased in implementation is recommended. Year one means the fiscal year beginning April 1, 2000.

To ensure health workforce planning is goal-driven, cost-effective and dynamic, the proposed model is fully integrated into the business planning framework. This framework means Health Authorities annually identify how they plan to achieve their results through the development of strategies, and performance is measured and reported on formally through annual reports.

The process of provincial-level environmental scanning is not explicitly mentioned as it is expected this activity takes place as part of broader planning processes within individual Health Authorities. However, this does not diminish the need for regular monitoring of trends in the health workforce area. The Provincial Health Workforce Steering Committee will also consider the factors which impact the management of health workforce issues during the preparation of an annual provincial health workforce plan.

Appendix 3 is a template outlining the proposed requirements for workforce planning at both the Health Authority, and provincial level. For each proposed "element" or reporting requirement, there is an indication of whether the information will be required in the Health Authority Business Plan or Annual Report, and when the requirement will be phased in. In addition, proposed content of an annual Provincial Health Workforce Plan is addressed. The text that follows provides a description of reporting requirements and associated planning processes.

4.2 Health Authority Workforce Planning Requirements

As shown in Appendix 3, Health Authorities will be required to provide personnel counts and forecasts on an annual basis in their Business Plans. (Personnel counts contained in the 2000-2001 Health Authority three year business plans will reflect the number of individuals as of March 31, 1999). In addition, for all new and significant strategies identified in Health Authority Business Plans, corresponding human resource plans will need to be identified. If for example, a Health Authority plans to develop a new children's residential treatment program, corresponding human resource plans would need to be addressed. This approach demonstrates the linkages between program/service-level planning and human resource planning.

For year one, reporting will be limited to those occupations where large numbers of Health Authorities reported experience shortages.[5] In year two, data for remaining occupations will be required. An identification of current and emerging issues and strategies to address issues, will also be integrated into business plan requirements.

[5] Current and Emerging Health Workforce Issues in Alberta - Questionnaire Findings, Final Report, March, 1999, Alberta Health.

In subsequent years we may explore the feasibility of reporting personnel data by program/service/specialty area, recognizing this type of data may be beneficial for targeting specific strategies to address shortages of particular skill-sets. This requirement could be introduced in year three.

In terms of performance measures required in Health Authority Annual Reports, Health Authorities will be required to report on the results or progress of strategies underway or completed.

4.2.1 Health Authority Personnel Forecasts

Forecasting determines the type, number of and skills of personnel required to meet the needs of the Health Authority. Forecasting does not mean we are trying to predict the future. Rather we are trying to describe the nature of change anticipated, and use all sources of qualitative and quantitative information to support informed business decisions.

Our ultimate goal is to focus on the competencies required to meet service needs and the types and number of workers required to match requirements. However, it will be several years until a competency based approach is fully integrated. Until that time, we will be limited to planning based on identifying the number of individuals within each occupation required.

The need for, or demand for personnel can be expressed as estimates or projections based on assumptions or scenarios. Some factors can be quantified and statistical techniques can be used to determine the demand for personnel. Other factors, which can significantly affect supply and demand for personnel, such as changes in scope of practice, are more difficult to quantify.

Ultimately, the proposed provincial health workforce planning process will utilize a range of tools and processes, including mathematical and statistical techniques to produce personnel forecasts. However, during these initial years, Health Authorities will need to reflect their best estimates for personnel forecasts over the three-year business planning timeframe, based on current planning activities. Although the success of planning activities is highly dependent on high quality data, it is recognized significant improvements in health workforce planning can be achieved with even basic data from Health Authorities. The following lists a number of factors Health Authorities should consider when developing their personnel forecasts, which may affect overall demand for personnel:

- the impact of new Business Plan Strategies;
- anticipated growth or reduction in service levels;
- demographics of current employees;
- historical attrition rates due to promotions, resignations, terminations and retirements; and
- any other relevant environmental scanning information gathered through the Health Authorities' planning processes.

By year three significant progress should be achieved in developing a provincial health workforce information system, and demand-side or Health Authority utilization data will have been required in Health Authority Business Plans for the two previous years. With the addition of data from educators and regulatory bodies, comprehensive provincial planning including the development of a needs-based forecasting model, which can predict the demand for health personnel, can be initiated. This modeling will address longer range personnel requirements beyond the three year forecasts provided annually by the Health Authorities.

The development of data definitions and standards will be the responsibility of the Provincial Health Workforce Steering Committee Data Requirements and Standards Working Group.

4.3 Information From Educators and Regulatory Bodies

Although data from educators and regulatory bodies (supply-side data) will not be systemically used for provincial-level planning until year three, data from educators will be necessary for year one planning. Educational institutions are the single largest source of new health service providers. Therefore, data on graduates and enrollments in particular, are essential to undertaking even basic planning activities, in support of developing appropriate strategies.

The collection of data from the educational institutions will be addressed by the Provincial Health Workforce Steering Committee Health Workforce Education and Development Working Group. This Working Group will also develop a methodology to survey students regarding whether they plan to work in Alberta after graduation. Until year one data from the Health Authorities is available for this Working Group, a process for translating requirements identified through data collection into strategies for producing adequate numbers of graduates with the necessary skills and abilities, will be developed.

4.4 Annual Provincial Health Workforce Plan

Once Health Authority Business Plans are submitted to Alberta Health and Wellness, data and information related to workforce will be extracted and summarized and reported in an annual provincial health workforce plan. This plan will also include provincial level plans or strategies to address priority areas, or issues beyond local-level solutions. The plan will be developed in the summer of each year, following submission of Health Authority Business Plans.

In terms of data, the following provincial totals or summaries will be calculated and reported on:

- personnel counts;
- personnel forecasts (over three year business planning cycle);
- separations (permanent departures from employment as reported to Revenue Canada) overall, by occupational breakdowns, expressed in percentages or rates;
- personnel aged 50 years plus (overall, by occupational breakdowns, expressed in percentages or rates);
- results of the annual provincial quality of worklife survey; and
- student interest in working in Alberta after graduation.

Health Authority Business Plan information related to current and emerging health workforce issues and associated strategies will be summarized for review by the Provincial Health Workforce Steering Committee. Subsequently, provincial level strategies will be developed, and communicated through the provincial annual plan.

On an annual basis the Provincial Health Workforce Steering Committee will also need to develop objectives to guide the development of provincial level strategies. These objectives should reflect the probability, impact and significance of emerging issues and events.

Many factors influence, and have major implications for the management of health workforce issues. These factors affect not only supply and demand considerations, but also practitioner configurations and substitutions for alternative service delivery models. These factors will need to be considered by the Provincial Health Workforce Steering Committee and include the following:

- public policy affecting the health system, health system trends, technological change and advancements, and research findings;
- funding levels, salary levels for individual professions and remuneration models;
- labour practices and bargaining structures;
- immigration policies and portability of professional credentials;
- legislative requirements, management practices and organizational structures;
- educational program quotas, training models and program goals;
- changes to scopes of practice for individual professions; and
- developments/initiatives in other jurisdictions.

The Quality of Worklife Survey noted in Appendix 3 will be province-wide, and have a career satisfaction and work environment focus, rather than act as a tool to measure job satisfaction. Survey results will support the development of strategies to improve provincial recruitment and retention of workers in the health system. A Provincial Health Workforce Steering Committee Quality of Worklife Working Group is developing this approach.

The annual provincial health workforce plan will also act as the annual report of the Provincial Health Workforce Steering Committee. Therefore, the plan will also include an update of the Steering Committee's activities, status of current projects, and outcomes of strategies completed or underway.

On an annual basis the Provincial Health Workforce Steering Committee will also evaluate whether the health workforce reporting components required in Health Authority Business Plans and the existing components of the provincial plan are achieving the desired outcomes. Adjustments and modifications will be implemented as required to continually improve the quality of information available to support workforce strategies and issues management.

4.5 Summary-Health Authority and Provincial Health Workforce Planning

As illustrated in Figure C, the following steps summarize the proposed annual planning process. This process will begin in the 2000/2001 fiscal year.

1 Health Authorities submit Business Plans. (April)

2 Health workforce data/information is summarized for review by the Provincial Health Workforce Steering Committee.

3 Provincial Health Workforce Steering Committee and other individuals who contribute to the Provincial Health Workforce Steering Committee work, such as working group members and other Health Authority staff, participate in workshop to review existing Provincial Health Workforce Steering Committee strategies, summarized Health Authority Business Plan information/data, and develop new strategies. The Provincial Health Workforce Steering Committee will also review the usefulness of existing Health Authority reporting requirements, and develop recommendations for the next planning cycle.

4 Provincial Health Workforce Steering Committee publishes annual report. (August)

5 Provincial Health Workforce Steering Committee develops annual workplan. (September)

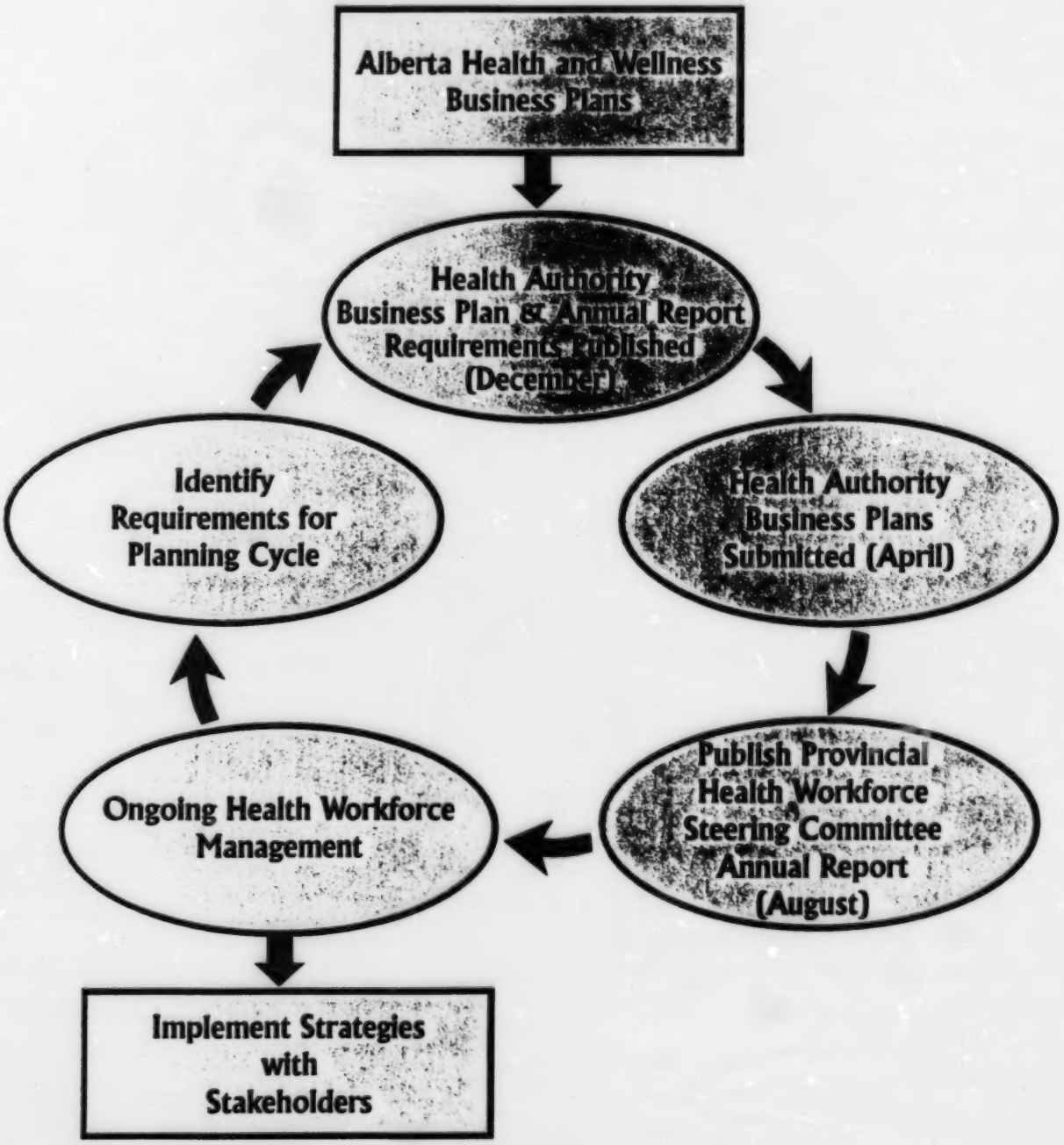
6 Provincial Health Workforce Steering Committee implements and monitors strategies developed. (Beginning September and ongoing)

7 Provincial Health Workforce Steering Committee representatives collaborate with Alberta Health and Wellness/Health Authority working group to identify Health Authority Business Plan and Annual Report workforce reporting requirements for upcoming planning cycle. (Beginning September)

8 Alberta Health and Wellness publishes Health Authority business plan and annual report requirements for upcoming fiscal year. (December)

ANNUAL PROVINCIAL HEALTH WORKFORCE PLANNING CYCLE

Figure - C


Alberta Health and Wellness Business Plans
Health Authority Business Plan & Annual Report Requirements Published (December)
Health Authority Business Plans Submitted (April)
Publish Provincial Health Workforce Steering Committee Annual Report (August)
Ongoing Health Workforce Management
Implement Strategies with Stakeholders
Identify Requirements for Planning Cycle

This annual health workforce planning process endeavors to create a responsive and collaborative approach to achieving improved health workforce utilization. Health Authorities will be responsible for identifying short-term personnel forecasts and emerging trends, issues, and requirements. Longer range demand for personnel will be achieved through the development of a needs-based forecasting model.

Annually, the Provincial Health Workforce Steering Committee will publish a provincial health workforce plan. In addition to a range of data, strategies developed by the Steering Committee in response to emerging priority issues, will be included.

A three year implementation plan is proposed. This will allow for the completion of work currently underway by various Steering Committee Working Groups. This work includes the development of processes and structures concerning post-secondary educational programming and the development of a provincial health workforce information system.

The accountability framework identifies the stakeholder groups involved in health workforce management activities and their roles and responsibilities. In order for the recommended approach to achieve the desired results, it is important for stakeholders to understand, acknowledge and operate within the parameters of the framework.

PROVINCIAL HEALTH WORKFORCE STEERING COMMITTEE

TERMS OF REFERENCE

PURPOSE

The purpose and goal of health workforce planning is to achieve the optimal number, mix and distribution of health personnel; based on service delivery needs, at a cost the health system can afford. In order to create a proactive and collaborative service-sector driven approach to addressing health workforce planning activities and issues, new approaches are needed.

The Provincial Health Workforce Steering Committee (PHWSC) has been created to form linkages between the provincial Health Authorities and Alberta Health, and other provincial government departments for the following purposes:

- to design, develop and implement an integrated annual health workforce planning process which identifies and priorizes service-sector human resource needs; and
- to develop and undertake strategies to address provincial health workforce priority areas.

This work will involve, as appropriate, health workforce stakeholders such as professional associations, regulatory bodies, unions and educators.

KEY DUTIES AND RESPONSIBILITIES

The purpose statement broadly outlines the Steering Committee's mandate in the areas of planning and strategy development, and implementation. The following further define initial key duties and responsibilities:

Annual Workforce Planning

- Development of an annual provincial health workforce planning process and accountability framework which links to the business planning framework, identifying the roles and responsibilities of health workforce stakeholders, and identifying annual service-sectors issues and priorities.

Provincial Health Workforce Information System

- Preparing for the development of a provincial health workforce information system by identifying health workforce data and information needs, identifying current sources of data, standardizing data definitions, identifying and addressing implementation issues, and developing short-term strategies to address data and information needs until a provincial system is in place.

Education, Supply, and Competency Development

- Develop processes and strategies to facilitate communication of health service-sector expectations to post-secondary educational institutions and private sector training facilities to ensure an adequate supply of health personnel with appropriate competencies.

Quality of Worklife

- Development and implementation of uniform provincial quality of worklife assessment survey instruments and methodology; and mechanisms to enhance the perception of the health industry as a choice for students contemplating post-secondary education.

Other Emerging and Priority Areas and Issues

- Development and implementation of other strategies, in response to emerging and priority issues which arise either through the future annual planning process, or through the course of the Steering Committee's work.

COMPOSITION AND APPOINTMENTS

- Chair: Terry Chugg, Assistant Deputy Minister, Health Workforce Services Division
- one representative from each Health Authority
- one representative from Physician Planning Branch, Alberta Health
- Chairs of Steering Committee Working Groups
- Art McIntyre, Senior Team Leader, Health Workforce Planning
- Linda Cornwall, Workforce Planning Consultant, Health Workforce Planning
- one representative from Alberta Advanced Education and Career Development
- one representative from the Provincial Health Authorities of Alberta

AUTHORITY

The Steering Committee was established in response to the document "A Health Workforce Strategic Plan for Alberta, Alberta Health, September 1998". The policy direction and strategies outlined in the Strategic Plan have been endorsed by the Deputy Minister and Minister of Health.

The business planning and accountability framework means the Health Authorities are responsible for allocating resources based on priorities, delivering core services, developing and implementing strategies to achieve goals, and annual reporting on performance, and any variations between planned and actual performance. The Steering Committee's work will form the basis for the human resource planning and accountability component.

Provincial legislation provides the legal powers for health authority operations. Section 5 of the **Regional Health Authorities Act** states Regional Health Authorities are responsible for assessing the health needs of their region, determining priorities, and allocating resources accordingly. The **Cancer Programs Act,** section 7 grants the Alberta Cancer Board the ability to employ the necessary personnel, including administrative staff to ensure proper operation of the hospitals and outpatient clinics. The Provincial Mental Health Advisory Board is established in regulation pursuant to the **Regional Health Authorities Act**. This Board is responsible for managing staffing decisions.

Alberta Health is responsible for assisting the Minister of Health in ensuring quality health services are delivered, and is responsible for setting direction, policies and provincial standards. The document *"A Health Workforce Strategic Plan for Alberta, Alberta Health, September 1998"* creates the policy platform for the workforce area. Health Authorities are responsible for allocating and managing human, capital and financial resources based on service priorities. The formation of the Steering Committee creates a mechanism to collaboratively and proactively address optimizing health workforce utilization.

REPORTING STRUCTURE

The Steering Committee reports to the Assistant Deputy Minister, Health Workforce Services Division.

TIME COMMITMENT AND EXPECTATIONS

The Steering Committee will meet quarterly. Initially, more frequent meetings may be required, until projects to operationalize the strategies are underway.

DELIVERABLES

Ultimately, the Steering Committee will conduct provincial health workforce planning, on an annual basis. A Plan will be produced each year identifying service requirements, priority areas and issues. Strategies will be developed and implemented in response to priority areas. The following products will form the basis of this work, and are priorities identified in *"A Health Workforce Strategic Plan for Alberta, Alberta Health, September 1998"*:

- a document identifying health workforce stakeholders and their respective roles and functions, and current health workforce management functions;
- a document outlining an annual provincial health workforce planning process, requirements for an annual Health Workforce Plan, and the roles and functions of stakeholders;
- a document which will act as a "blueprint" and "plan" for a new provincial health workforce information system;
- a document defining processes and strategies to communicate health service-sector requirements to educators to ensure the appropriate supply of graduates possessing the required competencies;
- a standardized provincial survey methodology and instrument to measure quality of worklife; and
- strategies to address quality of worklife issues identified through annual surveying.

WORKING GROUPS

The Steering Committee will establish Working Groups as required, to support their work.

RESOURCES AND SUPPORT

Committee members will be responsible for travel-related expenses. Research and administrative support will be provided by the Health Workforce Services Division, in conjunction with Health Authority support, as appropriate.

DECEMBER 4, 1998

Appendix 2

ACCOUNTABILITY FRAMEWORK FOR PROVINCIAL HEALTH WORKFORCE MANAGEMENT
(Roles and Responsibilities of Primary Stakeholders with Related Processes and Supporting Accountability Mechanisms)

Stakeholders	Roles and Responsibilities	Processes Utilized to Fulfill Responsibilities and Related Accountability Mechanisms
Health Authorities	The ***Regional Health Authorities Act*** defines the responsibilities of a regional health authority. Responsibilities which relate directly to health workforce planning include: • Determine priorities in the provision of health services in the health regional and allocate resources accordingly. • Ensure that reasonable access to quality health services is provided in and through the health region. Accountability Relationships Health Authorities are accountable to the Minister of Health and Wellness.	1) Determine staff mix (taking into consideration population health needs, service delivery models, health profession legislation, availability of required health workers, etc.). 2) Develop and implement, at the local level, strategies which will ensure cost-effective utilization of staff. 3) Work collaboratively with other health workforce partners at the provincial level to develop and implement strategies which will ensure the optimal number, mix and distribution of health service personnel ((such as: recruitment and retention strategies, and education and development strategies to ensure an adequate supply of health workers with specified skill sets). Accountability Mechanisms – Health Authority Annual Health Workforce Plans and Annual Reports (for Items 1 and 2 above). – Provincial Health Workforce Steering Committee Health Workforce Plans and Reports (for Items 1, 2 and 3 above).
Provincial Health Authorities of Alberta	• The Provincial Health Authorities of Alberta (PHAA) is a service-provider organization which provides various services for the Health Authorities. Accountability Relationships PHAA is a self-governing association, accountable only to its members.	1) Represent members in discussions and negotiations with various organizations. 2) Provide labour market information. 3) Coordinate collaborative ventures undertaken by Health Authorities. Accountability Mechanisms – Client satisfaction surveys (for Items 1, 2 and 3 above).
Employer's Associations	• Represent their members' interests in a comprehensive manner.	1) Provide leadership on issues pertinent to their membership through research, education and training, advocacy and policy development and liaison with government, consumers, and other organizations at the local, provincial and national levels.
Ministry of Health and Wellness	Responsibilities of the Ministry of Health and Wellness for health workforce planning and management include: • Set Direction, Policies and Provincial Standards for provincial health workforce planning and management. • Promote and support the development and implementation of practices and strategies, which will ensure the optimal number, mix, and distribution of health service personnel and the cost-effective utilization of the health workforce. Accountability Relationships The Minister of Health and Wellness is accountable to the Legislative Assembly and the Government of Alberta.	1) Develop policy for various health statutes which affect the demand for and utilization of health workers, such as the **Health Professions Act,** the ***Restricted Activities Regulation.*** And other regulations pursuant to the ***Health Professions Act***. External stakeholders are consulted on policy principles and draft legislation. 2) Develop and implement the Provincial Health Workforce Strategic Plan in collaboration with Health Authorities, other Government Departments, and other health workforce partners as required. 3) Work collaboratively with other provinces and the federal government, (through mechanisms such as the Conference of the Deputy Ministers of Health) to develop national policy, legislation and regulations which affect the production and utilization of the health workforce. 4) Work with health workforce partners within the province to generate, collect and disseminate research and other information related to health workforce planning and management. Accountability Mechanisms – Ministry of Health and Wellness Business Plan and Annual Reports (Items 1, 2 and 4 above). – Provincial Health Workforce Steering Committee Annual Health Workforce Plans and Reports (for Item 2 and 4 above). – Project Reports (for Items 2, 3 and 4 above).

Stakeholders	Roles and Responsibilities	Process Utilized to Fulfill Responsibilities and Related Accountability Mechanisms
Regulatory Bodies of the Health Professions	Responsibilities of Colleges of Regulatory Bodies of Health Professions include: • Carry out its activities and govern its regulated members in a manner that protects and serves the public interest. • Provide direction to and regulate the practice of the regulated profession. • Establish, maintain and enforce standards of practice, ethics, registration and continuing competence for the practice of the regulated profession. Accountability Relationships As self-governing organizations, regulatory bodies of the health professions are answerable to the Minister of Health and Wellness and the Legislative Assembly.	1) Define scope of practice of members in regulations. 2) Establish and implement mechanisms and processes for: (i) initial and ongoing registration of members; (ii) ensuring entry-level and continuing competence of members; (iii) issuance of practice permits; and (iv) hearing and resolution of complaints. 3) Work with post-secondary educators and employers to ensure that new graduates have the competencies required by employers. Accountability Mechanisms – Annual Reports to the Minister of Health (for Item 2 above). – Reports submitted by post-secondary educators (for Item 3 above).
Ministry of Advanced Education and Career Development (AECD)	Major Responsibilities of the Minister of Learning include: • Ensure that individual public institutions and programs are coordinated to form an overall system of adult learning that is responsive to the needs of Albertans. This includes: (i) providing a diverse array of quality learning opportunities for Albertans; (ii) providing a reasonable level of access to programs throughout the province; (iii) avoiding unnecessary duplication of programming; (iv) promoting transferability and career-laddering opportunities for learners; and (v) orienting the system to respond to changing public priorities. Accountability Relationships The Minister of Learning is accountable to the Legislative Assembly and the Government of Alberta.	1) Approve or refuse new programs, changes to the length of or enrolment in existing programs, and program suspensions or terminations for public post-secondary institutions. 2) Develop and implement program funding policy. In general, the Department of Learning does not provide additional funding for program changes made by post-secondary institutions to keep their educational programs current. When funds are available, the Department of Learning provides conditional funding for new programs. At present, funding is available through the new ACCESS fund. Currently, the priority for this new funding is Innovation, Communication and Technology programs. Accountability Mechanisms – Ministry of Health and Wellness Business Plan and Annual Reports (for Items 1 and 2 above)
Post-secondary Institutions	• Work in partnership with regulatory bodies, employers and government to ensure an adequate supply of health workers with requisite mix of skills to provide defined health services to clients. • Manage resources appropriately. This includes ongoing review and realignment of educational programs to ensure programs remain responsive to the communities they serve. • Ensure proposed programs meet appropriate standards of academic quality and legislated competencies. • Set policy respecting student applications, admissions, selection, enrolment, dismissal, withdrawal and other such matters. • Certify graduates of educational programs. Accountability Relationships Post-secondary institutions are accountable to the Minister of Learning.	1) Work in collaboration with employers to determine competencies needed by health workers to meet health needs of Albertans. 2) Consult with employers and other relevant stakeholders to assess student and economic demand for programs. 3) Design and deliver educational programs to meet identified needs. 4) Conduct research on best practices for the delivery of educational programs. Accountability Mechanisms – Reports on Key Performance Indicators such as: student numbers, employment rate of graduates, student satisfaction ratings, and employer satisfaction ratings (for Items 1, 2, 3 and 4 above). – The Program Approval Process of the Ministry of Learning requires evidence of consultation with employers and other relevant stakeholders (for Item 2 above). – Funding relates directly to student enrollment (for Items 1, 2, 3 and 4 above). – Annual Business Plans and Reports (for Items 2 and 4 above).
Federal Government	• Ensure the development of a national network of information about health, health services and the health workforce. • Develop and implement Immigration Policy in consultation with provinces. Immigration is a constitutionally shared jurisdiction with federal paramountcy in decision and policy-making. The Minister of Learning has lead responsibility for immigration matters in Alberta.	1) Information: The Canadian Institute for Health Information (CIHI) collects and disseminates information on health professionals. It also develops standards for the collection of health and health–related data. 2) Immigration Policy: Processes utilized by the province to consult with the federal government on immigration policy include: (i) multilateral discussions between federal and provincial/ territorial ministers responsible for immigration matters, and with the Forum of Labour Market Ministers (on labour market related issues such as skilled workers and temporary foreign workers); (iii) correspondence between the Minister of Learning and the Minister of CIC; (iii) meetings between provincial and federal officials, as required.

Stakeholders	Roles and Responsibilities	Processes Utilized to Fulfill Responsibilities and Related Accountability Mechanisms
Federal/ Provincial/ Territorial Advisory Committee on Health Human Resources (ACHHR)	• Provide proactive policy advice to the Conference of Deputy Ministers of Health which will lead to national direction and intergovernmental cooperation on health human resources production and utilization. • Support and advise the Labour Mobility Coordinating Group (LMCG) in the implementation of the Labour Mobility Chapter of the Agreement on Internal Trade. Accountability Relationship ACHHR is accountable to the Conference of Deputy Ministers of Health.	Specific activities carried out by ACCHR or its sub-committees include the following: 1) Monitor trends in health human resources. 2) Review and comment on proposals for changes in national legislation and regulations, which have an effect upon the production, credentialling and deployment of health personnel and provide appropriate policy direction. 3) Undertake studies on health human resource issues and opportunities for interprovincial/ federal cooperation particularly in: the preparation of definitions and classifications; the elaboration of planning methods; the development of a collaborative database; and review and recommendations of research. 4) Assist with the LMCG to implement the Labour Mobility Chapter of the Agreement on Internal Trade by: (i) providing information on health occupations, (ii) dealing with issues regarding health occupations. Accountability Mechanisms - Annual Reports and Project Reports (for all activities). - The Province of Alberta assesses its financial support for ACHHR on an annual basis (for all activities).
Forum of Labour Market Ministers	• The Forum of Labour Market Ministers (Labor Mobility Coordinating Group – LMCG) and the Conference of Deputy Ministers of Health (Advisory Committee on Health Human Resources –ACHHR) share responsibility for the coordination of implementation activities of the Labor Mobility Chapter of the Agreement on Internal Trade (Chapter 7). • The major obligation set forth under Chapter 7 of the AIT is an agreement to recognize the qualifications of workers from other provinces or territories. Governments have agreed to ensure that occupational regulatory bodes will comply with this and other obligations within a reasonable period of time (by July 1, 2001).	1) Key activities undertaken by the Labor Mobility Coordinating Group (LMCG) to coordinate compliance with federal Labor Mobility policies include: (i) informing regulatory bodies of their obligation to remove provincial/territorial residency requirements; and ensure that their occupation licensing practices and transparent, non-discriminatory and related principally to competence; and (ii) determining whether or not regulatory bodies have met these obligations. Accountability Mechanism - Annual Reports.
Unions	• Unions are systems of employee representation whose primary functions are to negotiate the substantive content of working conditions, and the procedural aspects of labour management relations. Accountability Relationship Unions are accountable to their members.	1) Negotiate collective agreements. 2) Represent members in resolving issues arising from the employment relationship. Accountability Mechanisms: - Members elect union executive (for Items 1 and 2 above). - Members vote on various decisions reached by union executive and negotiators (for Item 1 above). - Alberta Labor Code requires unions to file collective agreements (for Item 1 above). - Unions have a duty to fair representation and union members can file complaints to the Alberta Labour Board (for Items 1 and 2 above).
Health Professionals	• Provide advice, care and treatment to clients. • Advocate for clients. • Health professionals in private practice have a primary responsibility to their clients/patients for the provision of quality services. Accountability Relationship Health professionals are accountable to their respective regulatory bodies for their ongoing practice, including competence and conduct; and to their employers for the quality of services they deliver.	1) Develop and implement client service plans in accordance with professional standards. 2) Participate in continued competence programs. 3) Participate in planning/policy-development/evaluative committees at various organizational levels. Accountability Mechanisms - Professional standards, and employer performance standards (for Item 1 above). - Peer review, practice audits (for Item 1 above). - Registration requirements (for Item 2 above). - Competency assessment processes (for Item 2 above).

Appendix 3

TEMPLATE FOR ANNUAL HEALTH WORKFORCE PLANNING

	Business Plan or Annual Report	YR 1	YR 2	YR 3	Annual Report
		(year the element introduced)			
1.0 WORKFORCE DESCRIPTIVE DATA*					
1.1 Personnel Counts[1] (regular full-time/ part-time permanent, casual, FTEs)					
- For RNs, LPNs, PTs, OTs, SLPs, and DMSs (diagnostic medical sonographers)	BP	X			X
- For all occupations	BP		X		X
1.2 Personnel Forecasts (regular full-time/part-time permanent, casual, FTEs)					
- For RNs, LPNs, PTs, OTs, SLPs, and DMSs (diagnostic medical sonographers)	BP	X			X
- For all occupations	BP		X		X

* Note: definitions to be developed by Health Workforce Data Requirements and Standards Working Group.
[1] Personnel counts will be as of March 31.

Element	Business Plan or Annual Report	YR 1	YR 2	YR 3 (year the element introduced)	Provincial Annual Report
1.3 Separations[2]					
- From each Health Authority (overall, and for RNs, LPNs, PTs, OTs, SLPs and DMSs)	BP	X			
- From each Health Authority (overall, and for all occupations)	BP		X		
- Provincial summary/rates		X			X
1.4 Number of staff older than 50, for each occupational grouping (as outlined in 1.1, 1.2 and 1.3)					
- From each Health Authority	BP	X	X		
- Provincial summary		X			X
2.0 DATA FROM EDUCATIONAL SECTOR**					
- Quotas, applicants, enrolments, graduates (data and forecasts from individual institutions as developed by Health Workforce Education and Development Working Group)		X			X
- Percentage of students in each program planning on working in Alberta after graduation (survey methodology to be developed and implemented by the Health Workforce Education and Development Working Group)		X			X
3.0 DATA FROM REGULATORY BODIES					
- Demographics, employment status, registration status, education level, unique identifier etc.				X	X
4.0 ISSUES					
- Health Authorities identify current and emerging issues	BP	X			

[2] Permanent departures from employment as reported to Revenue Canada – excludes partial lay-offs.

** To be collected by Health Workforce Education Working Group.

Element	Health Authority Business Plan or Annual Report	YR 1 (year the element introduced)	YR 2	YR 3	Provincial Annual Report
5.0 STRATEGIES					
- Planned or underway within Health Authority to address issues - Required at provincial level (as identified by Health Authorities) - Existing or planned at provincial level	BP BP	X X X			X
6.0 PERFORMANCE MEASURES					
6.1 Results/progress of strategies	AR		X		X
6.2 Quality of Worklife Employee Survey		X			X
7.0 ADDITIONAL ELEMENTS FOR HEALTH AUTHORITY BUSINESS PLANS					
7.1 For each new and significant Business Plan strategy, Health Authorities will be required to identify corresponding human resource plans.	BP	X			
8.0 ADDITIONAL ELEMENTS FOR ANNUAL PROVINCIAL PLAN					
8.1 Updates of activities/projects/ strategies and working group reports		X			X
8.2 Provincial Health Workforce Steering Committee will evaluate required reporting elements annually to determine if they are achieving the desired results.					X